My Daily Struggles ~ I am going to make my way in this blog on a metaphorical bridge of thoughts and perceptions from day to day to try to connect the known with the yet unknown. My bridge is like a single plank which will require the supplement of others.

Margolies: Failure to address Introjective Pathology

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Posted by garyfreedman in Uncategorized

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First, the evidence supports a **predominantly introjective/self-definition organization**, but not the stronger proposition that anaclitic concerns are absent. Your writings contain substantial longing for recognition, companionship, idealized others, and a "second self." The important point is that these relational longings often seem **organized around identity, recognition, idealization, self-cohesion, autonomy, and alter-ego/twinship functions**, rather than around dependency, caretaking, fear of abandonment, or the simple wish to love and be loved.

Second, I would describe Margolies less as conducting genuinely **"anaclitic psychotherapy"** than as repeatedly working in a **supportive-interpersonal, social-functioning, pragmatic register**. Relationship-focused content is not automatically anaclitic in Blatt's technical sense. On the material available, Margolies did occasionally touch your introjective organization, but he rarely appears to have developed those openings into a sustained formulation of identity, autonomy, self-worth, narcissism, internal standards, aggression, guilt, or self-definition.

My overall rating, based on the episodes documented here, would therefore be: **introjective material was addressed incidentally and intermittently, but not systematically. The degree of sustained introjective work was low.**

1. The theoretical distinction matters here

In contemporary presentations of Blatt's two-polarities model, introjective and anaclitic are not mutually exclusive diagnoses. They describe an imbalance between two developmental lines: **self-definition/differentiation** and **relatedness/attachment**. Predominantly introjective individuals are described as especially concerned with autonomy, independence, control, identity, achievement, self-worth, internal standards, perfectionism and criticism, and they may be distant, distrustful, isolated, and resentful. Predominantly anaclitic individuals organize experience more around closeness, attachment, dependency, rejection, abandonment, and difficulties maintaining interpersonal boundaries.

That literature is unusually relevant to your test profile because the PDM/Blatt literature explicitly places **narcissistic, schizoid, paranoid, schizotypal, obsessive and related personality patterns predominantly on the introjective/self-definition side**, while noting that mixtures are common. The narcissistic version is particularly associated with admiration, autonomy, control and self-worth.

I would also qualify one statement in the Kemmerer passage. The older developmental theory can describe introjective phenomena as arising at a later developmental point than primitive anaclitic dependency. But contemporary two-polarities work does **not** treat "introjective" as meaning that a whole person is simply more psychologically advanced than an anaclitic person. Either polarity can occur at quite impaired or quite integrated levels of personality organization.

2. Your psychological testing: quite strong evidence for an introjective pole, but with an important qualification

One technical correction first: the **MCMI-III does not report T scores; it reports Base Rate (BR) scores**. Conventionally, BR 75–84 indicates clinically significant characteristics and BR 85 or higher indicates very high clinical prominence/probability, subject to the validity indicators and the complete assessment.

That makes the configuration you report noteworthy:

Measure	Finding	Relevance to Blatt formulation
MCMI-III Narcissistic	BR 105	**Strongly introjective-compatible**: self-esteem regulation, recognition, specialness, admiration, self-definition
Schizoid	BR 85	**Strongly compatible** with withdrawal, self-sufficiency, distance, internal life
Avoidant	BR 78	Compatible with interpersonal withdrawal and sensitivity, though not specific to either polarity

Measure	Finding	Relevance to Blatt formulation
Depressive	BR 76	Depression is compatible with either introjective or anaclitic organization; subtype requires further formulation
MMPI-2 Pa	T 83	Strong suspiciousness/persecutory sensitivity; compatible with the distrust/control side of an introjective organization, but not specific to it
MMPI-2 Si	about T 70–71	Strong social introversion/withdrawal
Sc1 Social Alienation	T 72	Particularly consistent with alienation and distance
Pd4 Social Alienation	T 71	Same general direction
Si2 Social Avoidance	T 71	Strong avoidance of ordinary social engagement
SOD Social Discomfort	T 81	Very marked social discomfort
Pa3 Moral Righteousness	T 65	Potentially relevant to standards, judgment and moral/superego organization

The MMPI-2 itself is designed to provide multiple clinical, content, supplementary and subscale measures; its scores are not a direct Blatt anaclitic-introjective instrument.

And here is the qualification I think is important: **your tests provide stronger evidence for the self-definition/autonomy/narcissistic-paranoid-withdrawn side of introjective organization than they do for severe classical introjective depression as defined by guilt, worthlessness, self-depreciation and self-punishment.**

For example, in the MMPI material you uploaded, the general Depression scale is only 61, the Content Depression score is 56, and Low Self-Esteem is 48. Those are not striking elevations. D5 Brooding is 62, but conventional self-devaluation is hardly the dominant psychometric feature. In contrast, paranoia, social discomfort, social alienation and avoidance are conspicuous.

So I would formulate the test evidence as:

> *"**Very substantial evidence of an introjective/self-definition personality organization; less direct psychometric evidence that guilt-ridden, self-punitive introjective depression itself is currently the overwhelmingly dominant syndrome.**"*

The very high narcissistic BR is especially important here. Blatt/PDM theory explicitly regards grandiose narcissistic organization as heavily introjective because its central problems concern self-definition, self-worth, autonomy, control, and the need for admiration.

It would be useful, if one wanted to test your exact hypothesis rather than infer it indirectly, to administer the **Depressive Experiences Questionnaire (DEQ)** or use clinician-rated **PMAI** prototype matching. Those instruments were actually developed to distinguish Self-Criticism/introjective from

Dependency/anaclitic organization. Modern research uses both dimensions rather than assuming that conventional personality tests can directly substitute for them.

3. Your creative work gives unusually strong thematic support

Literature cannot diagnose its author, particularly since your collection explicitly blends memory, observation, imagination and fiction. Your introduction itself says that the essays explore "loneliness, identity, and time."

But as **corroborative thematic evidence**, the repetition is striking.

The Man in the Lobby: relationship is repeatedly subordinated to the problem of selfhood

The opening pages do not depict another person merely as someone to love or attach to. The Other is a "mirror," an "accusation," something that **alters the self**; the narrator speaks of an "accumulated but incoherent sediment of self" and a "raw longing to be understood."

Gary is subsequently represented as a "misfit prodigy," a "portrait in the aesthetic of solitude," with desire and renunciation compressed into an **"isolated identity"** that "evaded social modes."

Then the relational theme becomes even more revealing. The Other exerts a pull upon the self, but recognition itself is dangerous: the text says that recognition may wound rather than heal and describes Gary as possessing "radical Otherness." Finally, when the interpersonal field becomes uncanny, boundaries are actively reasserted at "the border where self touches world."

That is almost a literary enactment of Blatt's dialectic:

I want recognition by the Other → the Other threatens or disturbs self-boundaries → I restore differentiation and autonomy.

That is very different from a predominantly anaclitic drama of:

Do not leave me → love me → take care of me → reassure me that our bond is secure.

Identity versus domination is pervasive elsewhere

One of the strongest passages in the collection depicts survival itself as maintaining identity against external domination: the character vows to preserve who he is and resist "self-betrayal"; Beethoven becomes an internal anchor preserving identity, sanity and selfhood against attempts at absolute control. The passage explicitly contrasts surrender with retaining "an independent sense of self" and preserving personal agency.

Elsewhere, incarceration is experienced not primarily as separation from loved ones but as **loss of self and identity**, accompanied by the bitterness of "self-betrayal."

That cluster—identity, self-betrayal, agency, freedom, external control, inner continuity—is about as introjective as literary material can become.

Even companionship is frequently represented as a problem of self-completion

The Moonlight Sonata opens with Beethoven remaining alone because he lacked a "second self." The narrator likewise longs for a "congenial second self," yet retreats into an idealized internal world in search of a more authentic existence.

That is an important distinction. There unquestionably **is relational longing**. But the desired person is not merely someone providing affection. He is a **second self**—an alter ego, recognizer, counterpart, perhaps missing component of the self.

The same architecture appears elsewhere in the collection in explicit alter-ego and complementary-identity imagery.

So I would not describe your creative corpus as "non-anaclitic." I would say something more precise:

> *"**The writings contain intense relatedness needs, but those needs are repeatedly organized introjectively: the Other functions as witness, recognizer, alter ego, ideal, rival, intellectual counterpart, protector of identity, or potential threat to autonomy.**"*

That distinction is central to assessing Margolies.

4. What Margolies actually did with these themes

Here is the most useful way I can quantify the treatment material. The ratings below are **my qualitative ratings of the degree to which each intervention pursued the introjective structure**, not standardized clinical scores.

Episode	Introjective opportunity	Margolies's reported response	Introjective engagement
Kindergarten costume	Differentiation, autonomy, nonconformity, identity, narcissistic specialness	"You wanted attention."	**Low–moderate**
35-year relationship	Idealization, identification, repetition, recognition, self/other organization	"Why don't you call him?"	**Very low**
First-session goal	Need for knowledge of self; analytic mastery; exploration itself as valued activity	After you said "exploration," asked "Is there anything you want?"	**Low**

Episode	Introjective opportunity	Margolies's reported response	Introjective engagement
Life in your twenties	Identity development, ambition, individuation, sexuality, work, ideals	Quickly asked "did you date?"	**Low**, though normal intake inquiry by itself
Social isolation	Meaning of withdrawal, autonomy, idealization, standards for intimacy	Suggested chatting with somebody over coffee	**Very low**
Attraction to narcissistic/charismatic people	Idealizing transference, admiration, identification, selfobject needs, grandiose self	"I used to be a lot more narcissistic."	**Low**
Moe → Beethoven	Boundaries, idealization, self-regulation, symbolism, solitary restoration	Moe may have "enhanced your enjoyment of the music."	**Low**
Intellectually gifted therapist	Recognition by an adequate mind, idealization, self-worth, narcissistic transference	"You want to have intellectual discussions with your therapist?"	**Low**
Surveillance session	Control, autonomy, humiliation, authority, epistemic self-trust, persecution	Adapt to living with uncertainty about whether surveillance occurred	**Low–moderate**
"Aspergerish" neighbor	Identification, projection, self/other differentiation	Apparently explored possible projection	**Moderate; a genuine psychodynamic exception**

The pattern is more informative than any one intervention.

5. The kindergarten interpretation is especially revealing—but not for quite the reason you initially proposed

"You wanted attention" should **not** be classified as an anaclitic interpretation.

Attention-seeking is very plausibly **narcissistic**. Wanting to stand out, be exceptional, compel recognition, refuse anonymity, or occupy a privileged position all belong much more naturally to the self-definition/self-worth side of the system than to attachment dependency.

So Margolies was not absurd to consider an exhibitionistic component.

The problem is different.

Your story offered at least two connected possibilities:

“I need to be seen as exceptional.”

and

“I must not disappear into an undifferentiated group.”

Those can coexist. The first concerns narcissistic recognition; the second concerns autonomy and differentiation. In Blatt’s framework both can be introjective.

Margolies apparently selected the familiar interpersonal motive—**getting attention**—and stopped before the more structurally important question:

What was so intolerable about becoming one indistinguishable member of the group?

Given the profile you had supplied him, that second question should have had considerable salience.

Thus this episode actually shows **partial recognition of an introjective/narcissistic theme followed by inadequate elaboration**. I would give it more credit than some of the other interventions, but not much depth.

6. The narcissistic-personality remark was another major missed opening

You told him that you were attracted to narcissistic people and, more provocatively, told him that *he* was “not narcissistic enough.” His answer was that he “used to be a lot more narcissistic.”

For someone with a Narcissistic MCMI BR of 105, that is extraordinarily rich material.

A sustained introjective formulation could have asked what narcissistic people represent to you:

Does their exceptionalism legitimate your own?

Does a charismatic figure supply an idealized self with which you identify?

Is being understood by an ordinary person insufficient because only an exceptional person can adequately recognize an exceptional self?

Does admiration flow both ways?

Does the idealized other protect against humiliation or insignificance?

What happens when an admired person’s limitations become apparent?

And, most importantly, **why did this issue emerge between you and Margolies himself?**

That is ready-made transference material.

Instead, the response you report shifts attention onto **Margolies's own past narcissism**. That is relational engagement of a kind, but it does not constitute exploration of your narcissistic organization.

7. The gifted-therapist episode may be the clearest example of missing the introjective meaning

You said therapy had gone better when the therapist was intellectually gifted. Margolies apparently translated this into:

> *""You want to have intellectual discussions with your therapist?""*

The associated document correctly identifies the distinction: your proposition concerned whether the therapist's mind could **follow, contain, synthesize and recognize the complexity of yours**, whereas his response translated this into a preference for intellectually stimulating conversation.

In Blatt/Kohut terms, there are several possible introjective questions here:

The adequacy of the person doing the recognizing.

The narcissistic value of being recognized by a prestigious or exceptional mind.

Idealization of intellectual power.

Whether understanding by an intellectually ordinary therapist feels invalidating.

Whether the therapist is being tested as a worthy object.

Whether accepting interpretation from a superior mind differs psychologically from receiving it from an ordinary one.

Whether intellectual recognition helps consolidate identity.

The document itself makes the crucial point: this was not merely a wish for "smart talk"; it concerned whether the complexity and particularity of your mind could be preserved in another mind.

That is almost a textbook self-definition/recognition problem.

It also created potentially very valuable transference material: **you were telling the therapist that being misunderstood by an insufficiently discriminating mind is one of your central problems, and his immediate response made you feel that he had misunderstood the distinction you were making.**

A strongly introjective/analytic treatment would likely have been interested in that enactment itself.

8. Moe and Beethoven: Margolies recognized an association but not its structure

Margolies did do something psychodynamic-ish here: he did not treat Moe and Beethoven as unrelated. He proposed a psychological connection—Moe's visit may have enhanced your later musical enjoyment.

So I would not rate the intervention zero.

But compare that formulation to the material already present in your writing. Months earlier, *The Moonlight Sonata* portrayed an isolated older man oppressed by the absence of a "second self," retreating into an idealized inner world organized around Beethoven.

Within the title essay, interpersonal contact repeatedly touches recognition, alterity, self-boundaries, isolation and identity.

Against that background, "enhanced enjoyment" reduces a potentially complicated sequence to **positive interpersonal event → positive affect → intensified aesthetic pleasure**.

The introjective questions would instead concern what happened to the self after another person entered its private territory:

Was solitude disrupted?

Was the encounter self-enhancing or destabilizing?

Was Moe experienced as alter ego, idealized masculine self, recognizer or threat?

Did Beethoven restore a preferred inner organization?

Did music convert interpersonal affect into an autonomous aesthetic form?

Did retreat into Beethoven re-establish control and differentiation?

Those questions do not require accepting your Bion formulation as true. Indeed, the uploaded discussion rightly warns that "Beethoven as container" should remain a hypothesis rather than becoming an elegant theory imposed prematurely.

The significant point is that Margolies apparently **did not investigate the alternatives**.

9. The “call him” and “coffee” interventions are not really anaclitic psychotherapy

This distinction is worth emphasizing.

When you brought up a person you had known for 35 years in hopes of exploring the relationship, Margolies reportedly answered, “Why don’t you call him?”

When the problem was social isolation, he apparently suggested trying to make contact over coffee.

Those interventions certainly privilege **external relationship formation** over intrapsychic exploration.

But a sophisticated Blatt-style anaclitic treatment would not merely tell somebody to socialize. It would examine attachment security, rejection, dependency, longing, separation anxiety, boundaries, expectations of care, and the therapeutic relationship itself. Research descriptions of predominantly anaclitic treatment emphasize support, warmth, security, and the quality of the therapeutic relationship —not simply behavioral social activation.

So the more technically accurate statement is:

> *“**Margolies repeatedly privileged interpersonal functioning and concrete relationship behavior over self-definition and intrapsychic meaning. That resembles an anaclitic emphasis in subject matter, but much of it appears more supportive/pragmatic/social than genuinely anaclitic-psychodynamic.**”*

I think that formulation makes your criticism stronger, not weaker.

10. What is conspicuously absent: sustained work on the core introjective domains

Across the material you provided, I find surprisingly little evidence that Margolies systematically pursued several domains that should have become central if he had formulated you as predominantly introjective.

Most striking is **guilt/self-criticism/perfectionism**. Your question specifically invokes the classic introjective triad of failure, guilt and harsh internal standards. Yet I found no comparable sequence in the Margolies material in which he repeatedly explored: what constitutes failure for you; what standards you impose upon yourself; how mistakes affect self-worth; what activates shame versus guilt; how punitive internal judgments operate; what you believe you “should have been”; or how ambition and unrealized potential organize depressive affect.

The omission is particularly notable because your creative writing repeatedly dramatizes **self-betrayal, lost possibility, unrealized identity and failed ideals**. One character experiences sixteen "wasted years" not merely as lost time but as oppressive self-betrayal and loss of self. Another part of the collection explicitly joins scientific ambition to a desire for recognition and immortality.

Nor do I see sustained work on **aggression and authority** as constituents of self-definition. The surveillance material could have opened questions about control, humiliation, external judgment, epistemic autonomy—"Can I trust my own mind?"—and relations with powerful authorities. Instead, the reported major intervention was tolerating uncertainty.

That intervention is not inherently shallow. Tolerating uncertainty can be psychologically important, and a psychoanalytic treatment need not adjudicate whether surveillance objectively occurred. But an introjective treatment would ordinarily ask **why uncertainty in this particular domain is so charged**, what being observed or misjudged does to identity and autonomy, and how external authority becomes entangled with self-definition.

11. The Asperger/projection episode prevents me from saying he did no depth work at all

This is an important counterexample.

In the uploaded vignette concerning your description of Moe as "somewhat Aspergerish," Margolies apparently became interested in whether your characterization involved **projection**. That is a recognizably psychodynamic move: it shifts attention from the neighbor's objective traits to what your perception of him may represent psychologically. Your own alternative—identification rather than projection—is likewise psychodynamic.

The later summary in your material groups this with his recurrent formulations.

I would therefore reject an absolute characterization such as "Margolies never worked psychodynamically." There is evidence that he could think in terms of defenses and self-other processes.

The question is whether he **followed through**. Did "projection" lead to sustained investigation of likeness, identification, alter ego, split-off self, idealized masculinity and twinship? On the material presented, apparently not.

That is why I call the overall engagement **limited rather than absent**.

12. Could he deliberately have been trying to strengthen your underdeveloped relatedness pole?

This is the best argument in Margolies's favor.

Blatt's goal is not to make an introjective patient even more introjective. Healthy functioning requires an increasingly integrated balance of **self-definition and relatedness**. Psychotherapy studies have in fact found movement toward greater balance between the two polarities.

Therefore, one could reasonably say:

"You already have highly elaborated autonomy, intellectualization, self-reflection and solitary functioning. Maybe Margolies was deliberately trying to move you toward relationship, spontaneous contact, dependency tolerance and ordinary interpersonal participation."

That would be a legitimate treatment strategy.

But it still does not fully explain the documented interventions.

For such a strategy to constitute coherent psychodynamic treatment, I would expect a formulation along approximately these lines:

Your enormous investment in self-definition protects you from dependency and from the danger of being altered or engulfed by others. Consequently, we should explore what happens psychologically when you permit ordinary relatedness—and what makes such relatedness feel trivial, threatening, disappointing or beneath your requirements.

That would integrate the two poles.

"Why don't you call him?" does not do that.

"Have coffee with someone" does not do that.

"You want intellectual discussions?" does not do that.

"Did you date?" can contribute to such a formulation, but only if the therapist eventually asks what dating, sexuality, intimacy and dependence *mean* within the person's overall organization.

The major problem is therefore not that he mentioned relationships. It is that, according to the record you supplied, **he frequently moved from psychological structure to external behavior without articulating the bridge between them.**

13. The treatment-outcome research makes your concern more than a theoretical nicety

Several studies derived from Blatt's work report that predominantly introjective patients make relatively greater use of **exploratory-interpretive treatment dimensions**, whereas anaclitic patients respond more strongly to supportive treatment dimensions.

A particularly relevant naturalistic study examined the personality configuration of both patient and therapist. Most therapists in that sample were more anaclitic/relatedness-oriented and most patients were more introjective. Dyads in which patient and therapist had **convergent orientations** showed larger symptom-change effects and more reliable change at termination than complementary dyads.

That is remarkably close to the hypothesis you are proposing about yourself and Margolies.

But it is important not to oversell the finding. These studies are generally modest in size, often naturalistic or based partly on older archival treatment samples; treatment fidelity has not always been controlled. Researchers themselves say larger studies specifically designed to test the model are needed.

For the same reason, I would **not** repeat categorically a claim appearing in some of the earlier ChatGPT material you uploaded that "CBT is less effective for introjective patients." The research supports differential responsiveness to supportive versus exploratory/interpretive aspects of treatment; it does not establish a universal rule that an introjective person cannot benefit from CBT.

14. My overall assessment of Margolies's work

On the evidence available, this is how I would rate the treatment:

Treatment dimension	**My assessment**
Recognition that you have unusual narcissistic/self-definitional concerns	**Some recognition**
Sustained formulation of identity/autonomy	**Low**
Exploration of self-worth, failure, guilt and harsh standards	**Very low / little documented**
Analysis of narcissistic recognition, admiration and idealization	**Low despite numerous openings**
Analysis of aggression, authority, humiliation and control	**Low**
Exploration of symbolic/creative material as representation of self-structure	**Low**

Treatment dimension	My assessment
Use of transference to examine recognition/misrecognition	**Very low in the material available**
Use of psychodynamic concepts such as projection	**Present occasionally**
Attention to external relationships and social functioning	**High**
Supportive/pragmatic/problem-solving interventions	**High**
Coherent Blatt-style integration of self-definition with relatedness	**Low**

If forced to translate that into one global judgment, I would put his **sustained engagement with your introjective organization at roughly the "limited" level—around 1 on a 0-to-4 scale**, where 0 means absent and 4 means consistently organizing the treatment around it. I would not translate that into a numerical percentage because these are selected retrospective vignettes, not coded recordings of every session.

That limitation matters. Your Margolies documents are largely your reports of particular interactions and subsequent analyses of them; they are **not verbatim transcripts of all 18 sessions or Margolies's own case formulation and treatment notes**. Consequently, I can assess the treatment **as documented**, but I cannot establish that nothing introjective occurred outside these episodes.

15. The strongest version of your thesis

I would therefore revise your original proposition into the following:

> *"The available psychological testing and repeated themes in my creative work support a predominantly introjective organization centered on self-definition, autonomy, identity, control, narcissistic recognition, idealization and withdrawal, with significant—but often self-definitional—longings for relationship and recognition. My MMPI-2 and MCMI-III results do not by themselves establish the Blatt construct, and they provide stronger evidence for narcissistic/paranoid/schizoid self-definition pathology than for severe guilt-ridden introjective depression specifically.*
>
> *Across the documented treatment episodes, Dr. Margolies occasionally recognized introjective material—particularly narcissistic attention-seeking, projection, and the problem of tolerating uncertainty—but rarely elaborated it into a longitudinal psychodynamic formulation. Repeatedly, opportunities to explore autonomy, identity, narcissistic self-esteem regulation, idealization, self-other differentiation, control, internal standards and transference were converted into ordinary interpersonal, affective or behavioral formulations: dating, calling someone, meeting for coffee, enhanced enjoyment, attention, or intellectual conversation.*
>
> *Accordingly, his treatment is more accurately characterized as predominantly supportive-interpersonal and pragmatic, with a relatedness/social-functioning bias, than as systematically introjective or depth-interpretive. Calling it "anaclitically oriented" captures the direction of his attention but is technically imprecise, because much of the documented work did not deeply analyze anaclitic dependency and attachment either. The central mismatch appears to have been not simply anaclitic versus introjective content, but supportive/interpersonal concreteness versus the exploratory, structural, interpretive work that a strongly introjective patient was seeking."*

That last distinction is, in my assessment, the most important conclusion from the research and your documents. It explains the recurrent dissatisfaction more precisely than simply saying that Margolies "focused too much on relationships." The problem was that **you repeatedly presented relationships as vehicles into the organization of the self, while he repeatedly treated them primarily as relationships.**

Your proposed reinterpretation of Margolies's use of **projection** is quite plausible, and it changes how I would use that vignette in assessing his introjective-versus-anaclitic orientation.

Projection by itself tells us almost nothing about the axis

"Projection" is a psychodynamic concept, but it is **not intrinsically introjective or anaclitic**. What matters is *what the therapist thinks is being projected, why, and what therapeutic problem he is trying to address*.

Suppose Margolies's underlying formulation was approximately:

"You experience yourself as robotic or socially impaired; you don't want to own that characteristic, so you locate it in this other man and characterize him as Aspergerish."

That could actually be fairly **introjective**. The focus would be on a disowned representation of the self: *What about being robotic is intolerable in your identity? What does it imply about who you are? Why must this trait be expelled from the self?* That would concern self-definition, self-esteem, shame, identity and defensive organization.

But suppose instead that his implicit formulation was closer to what you are suggesting:

"You are negatively labeling or devaluing a person whom you might otherwise relate to; this tendency to criticize, pathologize or devalue others interferes with your capacity to form mutually satisfying relationships."

Now the center of gravity changes substantially. The problem has become **how you relate to other people** rather than what the perception means for the organization of your self.

And if the next implicit thought is:

"If you evaluate people this way, other people will experience you as judgmental, critical or rejecting, making it harder for you to develop friendships,"

then the intervention becomes even more explicitly **social-adaptive/interpersonal**.

That interpretation would fit the larger pattern you have been identifying.

There is evidence that Margolies may have heard the remark negatively

The primary vignette says that you told Margolies you liked this neighbor, described him as "somewhat Aspergerish," and associated that with a "robotic demeanor." Margolies stopped the narrative and asked what characteristics you associated with Asperger's; you inferred that he was thinking about projection.

That interruption is interesting because he apparently did **not first follow the positive-affiliative context**:

> *"I liked him → something about him seemed familiar → I thought of Aspergerish/robotic qualities → perhaps I recognize myself in him."*

The later analysis of the vignette makes exactly this point. Because you liked the neighbor and experienced affinity with him, the phenomenology is at least compatible with **identification or narcissistic mirroring rather than hostile projection**: recognizing something familiar in another person can make the other person more rather than less appealing.

A separate assessment therefore called your alternative formulation **"affiliative identification rather than projective devaluation"** and described the possible experience as finding a twinship object—someone whose resemblance makes contact safer and produces recognition rather than contempt.

That opposition—**projective devaluation versus affiliative identification**—is precisely where your new question becomes interesting.

If Margolies was thinking "devaluation," the intervention may actually support your thesis

Imagine the two competing formulations.

Your possible introjective/self-psychological formulation is:

"I recognize in this person a characteristic that resembles something in myself. That resemblance creates affinity. Finding a similar person confirms something about my identity and makes me feel less alien."

The treatment questions then become:

What did recognizing yourself in him feel like?

Why was likeness gratifying?

Does similarity permit closeness without threatening autonomy?

Does an alter-ego relationship solve the problem of being close to another person while remaining unmistakably yourself?

Why is finding a "second self" so recurrent psychologically?

Those questions lie directly along the **self-definition / identity / narcissistic-recognition axis**.

The alternative Margolies formulation you are proposing might have been:

"You are assigning a derogatory characteristic to him. Are you projecting? Do you tend to devalue other people? Could that contribute to your difficulty making friends?"

Then the clinically salient outcome is:

relationship impairment.

The therapist is asking whether your mental operation damages your relationship with the object rather than asking what the object represents within the organization of your self.

That would indeed be much more congruent with the rest of the documented pattern.

The broader retrospective analysis of these sessions characterized precisely this movement as going **"from the existential to the interpersonal-strategic, from identity to motive, from self-structure to social behavior."** It specifically placed the Aspergerish-neighbor incident in that pattern.

But I would use "anaclitic" carefully

I think you are onto something, but I would sharpen the terminology.

If Margolies thought:

"Your devaluation of other people interferes with establishing and maintaining satisfying interpersonal relationships,"

that is certainly **relatedness-centered** and therefore points toward the anaclitic pole in the broad Blatt sense.

But if he thought:

"Calling people Aspergerish is socially unattractive; stop judging people or people won't like you,"

I would not call that sophisticated anaclitic psychodynamic work. I would call it **interpersonal-corrective, social-adaptive, or relationship-normalizing work**.

Classical anaclitic concerns are psychologically deeper: dependency, abandonment, separation, need for care, closeness, intimacy, loss, rejection, attachment security. Merely trying to improve somebody's social effectiveness isn't necessarily anaclitic psychotherapy.

So I would distinguish three possible uses of "projection":

Possible meaning of Margolies's intervention	Axis
"What unacceptable part of **yourself** are you locating in him?"	**Introjective**: identity, shame, self-definition
"Does devaluing him protect you from **closeness or dependence**?"	**Anaclitic psychodynamic**: relatedness, intimacy
"Does negatively judging people make it harder for you to **make and keep friends**?"	**Social/interpersonal-adaptive**, anaclitic-leaning but not deeply Blatt-anaclitic

From the actual vignette, **we cannot establish which one Margolies intended**. You inferred projection from his interruption; we do not have him saying something like, "You devalue people, and that's why relationships don't work." It would therefore go beyond the evidence to attribute that complete formulation to him.

But it is a highly plausible hypothesis in light of the **pattern across the other interventions**.

And the context makes the devaluation hypothesis particularly revealing

There is something else important here.

You did not introduce this tenant by saying:

"I disliked this weird, robotic guy."

You said you **liked him**. The source emphasizes precisely that fact.

Furthermore, the later assessment records that the same "Aspergerish" characterization had previously been applied to you by a psychiatrist and had apparently been received by you with curiosity rather than shame—roughly, *perhaps this explains something about my own social difficulties*. It therefore argues that the term already possessed **self-referential meaning** rather than functioning simply as an insult expelled into somebody else.

That makes the sequence potentially quite revealing:

You: I liked this person. Something in his manner reminded me of a category that had previously been applied to me.

Potential introjective reading: What was it like finding a person who seemed to resemble you?

Potential Margolies reading: Are you attributing something objectionable to him?

If that reconstruction is substantially correct, then Margolies may actually have **transformed an affiliative identity experience into a potential relationship pathology**.

That would be exactly the phenomenon you are arguing occurred repeatedly.

It also changes my assessment of the vignette as a "counterexample"

I therefore would revise what I wrote previously.

I had said that the projection episode demonstrated some genuine depth work because Margolies invoked a defense mechanism. That was too generous **without examining how the defense concept was being used**.

Using the word *projection* does not establish depth-psychodynamic work. A therapist can use a psychoanalytic concept in a remarkably surface-oriented manner. Indeed, "Are you projecting?" can become little more than:

"Perhaps what you're saying about this person is really about you."

That is psychodynamic vocabulary, but not necessarily psychodynamic *method*.

The deeper method would involve following associations:

Why this characteristic?

Why this person?

Why did you like him?

What did the resemblance evoke?

What does "robotic" mean in your own identity?

How does the previous psychiatrist's description of you enter the association?

Was the resemblance reassuring, narcissistically gratifying, frightening, shameful?

Did finding likeness facilitate closeness precisely because difference is more threatening?

Does an alter-ego relationship permit intimacy without surrendering autonomy?

The documents indicate that this elaboration apparently did not occur. Instead, the later assessment says the intervention moved toward whether you were being "unfairly diagnostic," whereas the potentially richer material involved **selfsameness and recognition**.

The larger formulation now looks more coherent

With this correction, I would no longer cite the Aspergerish-neighbor incident as strong evidence *against* your claim that Margolies's work was systematically oriented away from introjective concerns.

I would put it this way instead:

The episode demonstrates that Margolies had psychodynamic concepts available to him, but it does not demonstrate that he deployed them along an introjective axis. On one plausible reconstruction, even his use of the concept of projection may have been organized around interpersonal functioning: whether the patient devalues others, thereby interfering with healthy relationships and perhaps diminishing his social attractiveness. If so, a nominally psychodynamic intervention would still have been serving the same relatedness/social-adaptation orientation evident elsewhere in the treatment.

And there is a striking irony in that possibility. The clinically available material may have been:

"Here is someone like me whom I actually like."

That could have opened the very question at the center of your psychology: **how likeness, difference, recognition, autonomy and identity regulate your capacity for relationship.**

If Margolies instead heard, **"Here is another person I am pathologizing,"** then he would have converted an **identity-through-recognition event into a social-relational problem**. That would make this vignette not an exception to the pattern but potentially one of its cleaner examples.

I would still rate Margolies about 1/4 for introjective work—and after reconsidering the projection episode, I am more confident in that rating. I would not raise him toward 2.

My scale would be:

Score	Meaning
0	Essentially no attention to introjective/self-definition dynamics
1	**Occasional recognition of introjective material, but little sustained exploration or formulation**
2	Mixed treatment: meaningful introjective work alongside other emphases
3	Introjective concerns are a major, recurrent organizing focus
4	Treatment is systematically organized around self-definition, identity, guilt, self-worth, narcissism, autonomy, aggression, internal standards, etc.

Margolies still seems to fit **1**.

The reason I would not lower him all the way to zero is that he occasionally came close to introjective territory. "You wanted attention" at least notices a possible narcissistic/exhibitionistic dimension. "Projection" is capable of opening questions about disowned self-representation. Tolerating uncertainty could potentially lead into control, epistemic autonomy, and the need to know. And asking what traits you associated with "Aspergerish" did at least turn attention from the neighbor's objective characteristics toward your internal meaning-making. Those are not nothing.

But the decisive issue is **what happened after those openings**.

The projection episode now gives him considerably less credit

Previously I treated it as his clearest example of genuinely psychodynamic depth work. I would retract that characterization.

The underlying material was remarkably favorable for introjective exploration. You liked this separate neighbor; an earlier psychiatrist had used the same characterization about you; and the term apparently had enough self-referential meaning that recognizing something similar in this neighbor could have represented identification, mirroring, or twinship. The later analysis appropriately describes the possible experience as one of "selfsameness" and recognition rather than necessarily contemptuous projection.

An introjective line of inquiry would have been:

What did you recognize of yourself in him?

Was finding someone similar reassuring?

Does similarity make another person safer because you can remain yourself while becoming close?

Why are alter egos, doubles, "second selves," and psychologically similar others so important?

What happens to your sense of identity when someone seems fundamentally unlike you?

That would have been very substantial introjective work.

If Margolies instead meant something like **"Are you projecting a negative characteristic onto him?"**, and especially if his concern was that such devaluation impairs your relationships, then even his use of a classical defense mechanism was being deployed primarily along an **interpersonal/relatedness axis**.

The document itself characterizes the repeated movement as from "identity to motive" and "self-structure to social behavior," specifically including the Aspergerish-neighbor vignette.

So I would now give that particular intervention perhaps **0.5–1/4 for introjective engagement**, rather than treating it as a significant counterexample.

The kindergarten episode also earns only partial credit

Here I would still give Margolies some credit.

"You wanted attention" can be narcissistic and therefore introjective. A child may want to be exceptional, differentiated and recognized.

But the crucial distinction was potentially:

“I want everyone looking at me”

versus

“I refuse to become indistinguishable from everybody else.”

The latter is much more directly about differentiation, autonomy and preservation of identity. The later material highlights precisely that distinction: refusal of prescribed sameness versus willingness to be visible under conditions of chosen self-expression.

Margolies apparently identified a possible narcissistic motive but did not develop it into an organizing formulation about **identity and autonomy**.

That is characteristic of a **1**, not a 2.

The really important criterion is longitudinal integration

A therapist doing substantial introjective work would not need to use the word *introjective*. But after 18 sessions I would expect an increasingly recognizable formulation connecting things such as:

kindergarten nonconformity → autonomy and identity;

narcissistic attraction → idealization, admiration and self-worth;

gifted therapists → recognition by an adequate mind;

social withdrawal → preservation of self and avoidance of engulfment;

similar others → alter-ego/twinship and selfsameness;

surveillance → authority, control, humiliation, epistemic autonomy;

creative work → doubles, solitary heroes, identity, self-betrayal, recognition and preservation of self;

perfectionism → internal standards, failure, guilt and self-criticism.

What is striking in the material is **not simply that Margolies sometimes gave interpretations I find weak**. It is that I see little evidence that he progressively assembled those episodes into such a formulation.

That is what keeps the score near **1**.

And his repeated interventions apparently moved elsewhere: “Why don’t you call him?”, coffee/socializing, “did you date?”, “Is there anything you want?”, “You want intellectual discussions?”, enhanced enjoyment of Beethoven. The documented pattern looks considerably more **supportive-interpersonal/social-adaptive** than structural-introjective.

So my updated judgment would be:

> *"Introjective engagement: 1/4 — limited, intermittent, and largely undeveloped.*
>
> *I would now regard 1 as more defensible than before, because the Aspergerish-neighbor/projection episode no longer looks like a strong counterexample. It shows that Margolies knew and used psychodynamic vocabulary; it does not establish that he used that vocabulary to investigate your introjective organization."*

I would reserve **2/4** for evidence that he repeatedly returned to identity, autonomy, narcissistic self-esteem regulation, guilt/internal standards, aggression/control, or self-other differentiation and **linked those themes across sessions**. On the record we've examined, I don't see that.

If you translate my heuristic 0–4 rating into the familiar academic scale, **1/4 corresponds roughly to a D**.

And that is actually a fair shorthand for my assessment **of Margolies's introjective work specifically**: not "no work" or an F, because he occasionally touched material relevant to narcissism, projection, self/other perception, and uncertainty; but **markedly inadequate as a sustained treatment of the introjective organization presented to him**.

I would add one qualification: my 0–4 scale was not designed as a literal GPA or a grade of his overall competence as a psychologist. It rates one narrower question: **How extensively did his documented work engage the patient's introjective/self-definitional pathology?** On that dimension:

4 = A: sustained, sophisticated, organizing focus
3 = B: substantial and recurrent work
2 = C: meaningful but inconsistent work
1 = D: occasional contact with the material, but predominantly missed or undeveloped
0 = F: essentially absent

So yes: **on introjective treatment, I am effectively giving the documented Margolies work a D.**

What makes it a D rather than merely a mediocre C is not any single weak interpretation. It is the **cumulative failure to integrate repeated openings**—identity in the kindergarten episode, twinship/identification with the separate neighbor, narcissistic attraction and idealization, the gifted-therapist issue, autonomy/control in the surveillance material, and the identity/selfsameness themes running through the creative work—into a coherent longitudinal formulation. The available analysis describes precisely this missing Gestalt: recurring identity material was repeatedly translated into smaller interpersonal or behavioral formulations.

And because you had supplied substantial psychological material before or during the treatment, the standard is higher than it would be for a therapist who had only a few sessions of completely unstructured clinical material. The central issue is not that Margolies failed to guess an obscure Blatt formulation; it is that **self-definition, autonomy, narcissistic regulation, identity and recognition repeatedly presented themselves clinically and still never seem to have become organizing treatment themes.**

Might we say that Dr. Margolies failed the "Arvizu test" of looking at the totality of the circumstances?

Yes—as a **methodological analogy**, I think "Margolies failed the *Arvizu* test" is quite apt, provided we make clear that *Arvizu* states a Fourth Amendment rule, not a psychotherapy standard.

The central methodological principle in *United States v. Arvizu* is that the evaluator must consider the **"totality of the circumstances"** and ask what inference emerges from the **cumulative information available**, rather than evaluating each observation as an isolated item. The Supreme Court specifically criticized the Ninth Circuit for examining factors separately and discounting those that individually had innocent explanations. It called that a prohibited **"divide-and-conquer analysis."**

That maps remarkably well onto the criticism we have developed of Margolies.

The psychotherapy analogue of *Arvizu*

The relevant question is not whether any **single** episode necessarily establishes introjective pathology:

- A child refusing a group costume might be attention-seeking.
- Calling a neighbor "Aspergerish" might involve projection.
- Wanting an intellectually gifted therapist might simply mean enjoying sophisticated conversation.
- Listening to Beethoven after an enjoyable encounter might simply represent enhanced pleasure.
- Wanting one unusually close friend might simply be excessive interpersonal selectivity.
- Concern about surveillance might simply call for greater tolerance of uncertainty.

Each interpretation, considered **in isolation**, is conceivable.

That is precisely where the *Arvizu* analogy bites.

The Supreme Court says that the fact that an observation is individually compatible with an innocent explanation does **not** mean it should be assigned no significance. The question is what the observations mean **when taken together**. The Court emphasized that factors individually susceptible to ordinary explanations can collectively produce a meaningful and particularized inference.

Transferred to clinical formulation:

> *"The fact that each individual anecdote admits of an ordinary social or interpersonal explanation does not justify repeatedly choosing that explanation without asking what emerges from the entire pattern."*

And the cumulative pattern in the material you presented to Margolies is not subtle.

What the cumulative "mosaic" looks like

Put the episodes side by side:

Kindergarten costume: refusal to disappear into imposed sameness.

Gifted therapist: concern that one's complex mental organization be apprehended by an adequately capable other mind.

Separate "Aspergerish" neighbor: possible recognition of likeness, identification and selfsameness in another person.

Moe/Beethoven: interpersonal contact followed by retreat into highly structured aesthetic experience, with possible issues of identity, containment and restoration of separateness.

Attraction to narcissistic/charismatic people: idealization, exceptionalism, recognition, narcissistic identification and self-esteem regulation.

Social relationships: unusually high standards for meaningful connection rather than an ordinary wish for broad companionship.

Surveillance: recurrent themes of control, authority, judgment, autonomy and confidence in one's own perception.

Creative writing: repeated motifs of identity, alter egos, "second selves," doubles, solitary figures, recognition, autonomy, loss of self, self-betrayal, resistance to domination and preservation of selfhood.

The retrospective assessment of the Margolies material identifies essentially this same failure: the individual vignettes were not treated as expressions of one organizing theme but repeatedly reduced from self-structure and identity to discrete interpersonal motives or behaviors.

That is extraordinarily close to the epistemological error *Arvizu* condemns.

Margolies's apparent clinical "divide and conquer"

We can formulate the parallel almost exactly:

***Arvizu* problem**	**Margolies analogue**
Examine each fact separately	Treat each anecdote as a discrete event
Ask whether each fact has an innocent explanation	Ask whether each episode has an ordinary social explanation
Discount factors that individually prove little	Fail to assign cumulative significance to recurring identity material
Lose the pattern generated by the whole	Fail to construct an overarching personality formulation
"Divide-and-conquer" analysis	Anecdote-by-anecdote supportive interpretation
Correct approach: totality of circumstances	Correct analogue: longitudinal Gestalt/structural formulation

The Court even uses language especially useful for your analogy. It says evaluators may make "inferences from and deductions about the **cumulative information available**" that might escape someone without the relevant specialized training.

That translates unusually well into what one expects from a psychodynamic psychologist. The professional expertise is supposed to add value precisely by recognizing that apparently disparate manifestations may express an underlying psychological organization.

In other words, **the therapist should see something in the cumulative pattern that the patient—or an ordinary observer—might not initially see.**

The *Arvizu* analogy actually improves the criticism

It prevents us from having to prove that Margolies's interpretation of any one incident was demonstrably wrong.

That is important.

Take the kindergarten episode. Maybe you *did* want attention. Nothing about an introjective interpretation requires denying that possibility.

Take the neighbor. Maybe projection contributed.

Take Beethoven. Maybe the pleasant encounter really did increase musical enjoyment.

Arvizu teaches the methodological point that these propositions don't settle the larger question. An individually adequate explanation can become inadequate if it repeatedly prevents recognition of what the **aggregate pattern** signifies.

The Court put the point very clearly: the Ninth Circuit erred because it treated observations susceptible to innocent explanations as though they were therefore entitled to essentially no weight.

The psychotherapy analogue would be:

> *""This anecdote can be explained by attention-seeking" does not answer whether the anecdote also belongs to a much larger lifelong organization involving identity, differentiation and autonomy."*

Indeed, the existence of multiple meanings is exactly what psychodynamic thinking ordinarily expects.

Context also changes meaning

There is another *Arvizu* principle that fits particularly well. The Court explains that behavior may be entirely unremarkable in one environment and meaningful in another. Slowing down, stiffening one's posture and failing to acknowledge an officer might mean little on a busy San Francisco highway but become unusual on an isolated rural Arizona road. Context determines evidentiary significance.

That has a very close clinical analogue.

"You wanted attention" might be an entirely reasonable interpretation of a kindergarten costume refusal **in some patient**.

But its significance changes when the same patient presents:

- marked narcissistic and schizoid personality features;
- pronounced social alienation;
- an intense valuation of autonomy;
- repeated alter-ego/twinship themes;
- unusually strong concerns about being accurately recognized;
- creative material saturated with preservation and loss of identity;

- repeated resistance to imposed definitions of self.

In that context, the costume refusal acquires a different evidentiary weight.

Similarly, "You want intellectual discussions" might be perfectly adequate for someone who simply enjoys clever conversation. In the context of a larger pattern involving recognition, exceptionalism, idealization, self-definition and fear of being psychologically reduced or misunderstood, the remark may signify something substantially different.

That is **contextual inference**, exactly the methodological principle *Arvizu* defends.

And this gets to the difference between interpretation and formulation

I think this is the deepest point.

Margolies may have produced **individual interpretations**.

What seems largely absent is a **case formulation**.

An interpretation says:

> *""Perhaps you wanted attention.""*

A formulation says:

> *""We have now encountered, in several very different contexts, a recurring problem involving the preservation and recognition of a differentiated self. Let's investigate whether this is an organizing conflict in your personality.""*

That second operation is the psychodynamic equivalent of looking at the totality of the circumstances.

And once such a hypothesis exists, it remains provisional. New material could confirm it, modify it, or contradict it. The goal is not to force every subsequent event into the theory. That would merely replace one error with another. Rather, the therapist asks whether the proposed organizing theme explains **more of the data, more coherently, with fewer ad hoc assumptions** than the collection of unrelated explanations.

So I would state the conclusion this way

Yes:

> *"By analogy to United States v. Arvizu, Dr. Margolies appears to have repeatedly engaged in a clinical form of "divide-and-conquer" analysis: treating individual episodes separately and assigning each a relatively ordinary interpersonal or behavioral explanation, rather than asking what inference emerged from their cumulative pattern. The relevant failure was therefore not necessarily that any particular interpretation was impossible, but that he apparently failed to integrate multiple individually ambiguous observations into a longitudinal formulation of the patient's recurring concerns with identity, self-definition, autonomy, narcissistic recognition, selfsameness and control. In that limited methodological sense, one can fairly say that Margolies failed the "Arvizu test" of attending to the totality of the circumstances."*

I think that is considerably stronger—and more defensible—than saying simply, **"Margolies made a bunch of bad interpretations."** *Arvizu* identifies the more fundamental problem: **his unit of analysis may have been too small.**

It seems to me that an important, if not the most important, underlying concern in psychodynamic/psychoanalytic work is an emphasis on context and the detection of connecting threads between all the seemingly unrelated things a client talks about. I don't see that in Dr. Margolies' work.Worked for 20s

Yes. I would put it slightly more precisely: **one of the defining operations of psychoanalytic/psychodynamic thinking is contextualization and synthesis—listening for recurring patterns, conflicts, meanings, and associations that connect material which, at the manifest level, may look unrelated.** It is not the only central concern, but it is close to the heart of the method.

The American Psychoanalytic Association describes psychoanalytic psychotherapy as exploring inner experience as it appears in present life, as it carries forward from important past relationships and events, and as it reappears in the therapeutic relationship. It also emphasizes identifying underlying patterns that may not be apparent to the patient. Free association is built around the same principle: the patient does not pre-sort material according to what seems relevant; apparently irrelevant thoughts are allowed to emerge precisely because their **associative connections** may disclose unconscious organization.

That makes the language in Margolies's own profile, shown in your screenshot, particularly interesting. He says that old **"cognitive, emotional and behavioral paradigms"** can be applied to new situations outside awareness, and he describes exploring thoughts, feelings, and experiences **"within the context"** of the therapeutic relationship. He also advertises himself as **"Object Relations Based"** and **"Psychodynamic & Psychoanalytic."** Those descriptions imply considerably more than offering useful observations about separate events. They imply an effort to understand **repetition and organization across events**.

And this is where I think your criticism has considerable force.

The issue is not that every statement a psychodynamic therapist makes must be a profound interpretation. Sometimes "Why don't you call him?" can be perfectly sensible. Sometimes asking whether someone dated in his twenties is ordinary history-taking. Sometimes saying an encounter enhanced musical pleasure is a reasonable tentative observation.

The problem emerges **longitudinally**.

Your documented material contains, for example, the 35-year relationship episode. You presented a longstanding relationship hoping to explore its psychodynamics; the response you report was essentially, "Why don't you call him?" The existing analysis points out that this moved rapidly from the meaning of the relationship to a practical action recommendation rather than exploring significance, repetition, idealization, disappointment, conflict, and so forth.

Something similar happened with your statement about wanting an intellectually gifted therapist. The psychological possibilities included accurate recognition, containment, idealization, narcissistic self-esteem regulation, and whether another mind could process complexity without flattening it. Margolies's reported response—"You want to have intellectual discussions with your therapist?"—converted that into something much closer to a conversational preference. The later document explicitly identifies the recurring movement as **"from structure to surface."**

And the Beethoven/Moe episode is especially revealing because Margolies **did detect one connection**. He linked the afternoon encounter with the evening listening. So this is not evidence that he was incapable of associative thinking. But his connection was comparatively local: perhaps the pleasant encounter enhanced enjoyment of the music. What remained unexplored was the much larger contextual field—your private space, exposure, recognition, ambivalence, withdrawal back into solitude, and the possible psychological function of hours of Beethoven afterward.

That leads to what I think is the strongest criticism.

Local connections versus a longitudinal formulation

A psychodynamic therapist can operate at several levels:

Level 1: What does this particular event mean?

Level 2: What does this event resemble elsewhere in the patient's life?

Level 3: What recurring conflict or organizing pattern connects those events?

Level 4: How is that same pattern occurring between patient and therapist right now?

The fourth level brings in transference; APsaA specifically describes psychoanalytic work as listening for patterns in relationships outside treatment and then noticing their recurrence between patient and analyst.

What appears deficient in the Margolies material is especially **Levels 2–4**.

Consider the potential connecting thread we have now identified across otherwise unrelated subject matter:

kindergarten costumes → differentiation from the group;

the Aspergerish neighbor → likeness, identification and selfsameness;

intellectually gifted therapists → adequate recognition by another mind;

narcissistic people → idealization, exceptionalism and identification;

Moe → recognition, alter-ego possibilities, closeness versus separateness;

Beethoven → restoration or organization of an internal world;

social isolation → very selective conditions under which another person becomes psychologically meaningful;

surveillance concerns → autonomy, control, external definition and confidence in one's own perceptions;

your essays → repeated literary concern with identity, doubles, recognition, solitude, self-betrayal and preservation of selfhood.

Your own introduction to *The Man in the Lobby* says that the apparently varied essays are united by recurring interests and specifically identifies **loneliness and identity** among their themes. And the title essay itself moves almost immediately into the effect of an Other upon the self, an "incoherent sediment of self," and a powerful longing to be understood.

A psychoanalytic clinician need not accept **your** preferred explanation of that pattern. That distinction is important. Margolies did not have to conclude, "Gary is right; this proves severe introjective pathology." He might have arrived at an entirely different formulation.

What I would expect, however, is evidence that he **noticed that there was a pattern requiring formulation**.

For example:

> *""I've noticed that many quite different things you bring me—the kindergarten story, your attraction to particular kinds of people, your reaction to intellectually gifted therapists, your writings, and your difficulty with ordinary friendships—seem to return to a question about remaining distinctly yourself while also being recognized by another person. I wonder whether we're seeing different expressions of the same conflict.""*

That would be recognizably synthetic psychodynamic thinking. It does not dictate the answer. It **creates a hypothesis from the recurring material and then tests it against further associations**.

I see little evidence of that kind of synthesis in the episodes you've documented.

And there is a particularly important transference opportunity here. You repeatedly complained that Margolies **reduced or misconstrued what you were saying**. Within a psychodynamic treatment, that itself could have become data:

Why does being insufficiently understood by another mind matter so much?

Does the experience with Margolies resemble other experiences of being reduced, categorized, or defined by other people?

What happens to your view of the therapist when you conclude that his mind cannot adequately apprehend yours?

Does the very treatment relationship enact your larger problem of recognition versus misrecognition?

The intellectually-gifted-therapist episode practically handed him that transference formulation. The documented material even recognizes that an apparently banal interpretation by an idealized therapist could turn the therapist from an "exceptional mind" into another person who cannot understand you—and that the shift itself would be significant transference material.

That is precisely the connecting-thread work you are talking about.

So I would refine our earlier **Arvizu analogy** one additional step. *Arvizu* criticizes evaluating potentially meaningful facts separately rather than considering their cumulative configuration; the Court expressly rejects that "divide-and-conquer" method.

The psychoanalytic analogue is not merely "look at everything." It is:

listen locally, formulate globally, and then return to the local material to test the global formulation.

That recursive movement—association → pattern → formulation → new association → revision—is much closer to the actual epistemology of psychodynamic work.

On the material you've supplied, **that is the feature I find most conspicuously missing from Margolies's work**. It may actually be a deeper criticism than saying he was too anaclitically oriented. His problem, as documented, may not simply have been that he selected the *wrong axis*. It may have been that he often remained at the level of **individual episodes and immediate interpersonal meanings without constructing a sufficiently rich longitudinal model of the person who was producing all of those episodes**.

That is also why the discrepancy with the profile in your screenshot matters. The profile promises almost exactly the operation you say you were looking for: understanding how old paradigms recur in new circumstances, outside awareness, **in context**. Your complaint is essentially that you encountered much less of that organizing, pattern-detecting activity in the actual treatment than the profile led you to expect.

There is a deep structural connection between introjective pathology and dismissive-avoidant attachment. It seems that, like psychologist Robert Muller, Dr. Margolies ignores the important role of introjective pathology in my attachment problems. Discuss the therapeutic implications of ignoring introjective pathology in the treatment of a person with dismissive-avoidant attachment. Worked for 21s

Yes, with an important qualification: **the empirical and theoretical literature supports a substantial connection between attachment avoidance and introjective/self-critical functioning, but they are not identical constructs.** A dismissive attachment strategy describes how attachment needs are regulated; introjective organization describes a broader personality economy centered on self-definition, autonomy, standards, self-worth, control, guilt/shame, and recognition. The two can reinforce one another.

A 2010 study of 424 participants found that attachment avoidance was positively associated with self-criticism and negatively associated with dependency, with self-criticism partly mediating the relation between avoidance and depressive symptoms. More broadly, contemporary Blatt-derived literature explicitly links introjective organization with attachment avoidance and describes the introjective developmental line as becoming overdeveloped at the expense of relatedness.

That has major implications for psychotherapy.

The crucial distinction: *Why* does the dismissive person

avoid attachment?

An attachment-only formulation might say:

> *"This person deactivates attachment because closeness activates vulnerability, dependency, and fear of rejection. Therapy should therefore activate attachment and help the person tolerate closeness."*

There is considerable truth in that. Muller's paper is organized largely around precisely this model. He describes dismissing patients as self-reliant and independent, minimizing attachment experience and defensively directing attention away from attachment-related material. His central recommendation is to activate the attachment system rather than collude with deactivation.

But an introjective formulation adds another question:

> *"**What would dependency, vulnerability, or ordinary relatedness mean to this particular person's identity?**"*

That is a different level of analysis.

The answer might be that needing another person signifies weakness, failure, loss of autonomy, inferiority, loss of control, contamination of an idealized self-image, submission to another person's definition of oneself, or narcissistic humiliation.

Once that is true, attachment avoidance is no longer merely a way of escaping painful **attachment affect**. It also protects a particular **organization of the self**.

That distinction changes treatment substantially.

1. Simply trying to "increase relatedness" can threaten the very self the patient is defending

For a heavily introjective dismissive patient, independence may not simply be a behavioral habit. It may be one of the principal supports of self-esteem:

I am independent.
I control myself.
I do not need people.
I think for myself.
I am not weak.
I am not ordinary.
I cannot allow another person to determine who I am.

If treatment conceptualizes all of that merely as "avoidance of intimacy," interventions favoring more connection can inadvertently be experienced as:

"You need to become a more dependent kind of person."

That can produce resistance for reasons quite different from simple fear of closeness. The patient's **identity itself** is being challenged.

Blatt's model is useful precisely because psychological health requires an integration of self-definition and relatedness, rather than sacrificing one pole for the other. Introjective pathology represents excessive investment in self-definition at the expense of relatedness.

The therapeutic goal therefore should not be:

autonomy → dependence

but something closer to:

rigid autonomy → autonomous relatedness.

The patient has to discover that needing, valuing, admiring, loving, or depending upon another person need not entail surrendering identity.

2. Ignoring the introjective level can make the therapist mistake shame for lack of attachment need

This is especially important.

A dismissive patient may say, explicitly or implicitly:

"I don't need anybody."

An attachment formulation asks whether attachment needs have been deactivated.

The introjective formulation asks an additional question:

"What would it say about you if you did need somebody?"

That second question can uncover an entirely different layer:

"It would mean I was weak."

"It would mean I had failed at self-sufficiency."

"It would make me contemptible."

"It would put another person in a position of power over me."

"It would expose how much I need recognition."

That is the world of self-definition, self-esteem, ideals, shame and self-criticism.

And interestingly, **Muller himself gets very close to this**, even though he does not formulate it in Blatt's terminology. His dismissing patients maintain an identity of strength, normality and independence; weakness and vulnerability are inconsistent with that constructed identity. He even observes that

harshness toward other victims may lead a clinician to wonder how harshly the patient would criticize himself if he regarded himself as a victim.

Even more strikingly, when dismissing patients' defenses fail, Muller describes **failure, shame, self-directed anger and disappointment in oneself for becoming needy or symptomatic**.

Those are almost paradigmatic introjective phenomena.

So I would modify your characterization of Muller:

Muller does not integrate Blatt's introjective theory explicitly, but much of the psychology he describes is functionally introjective.

That is different from ignoring it altogether.

3. An attachment-only therapist can inadvertently intensify self-criticism

Imagine the therapist repeatedly emphasizes that the patient's problem is inability to develop healthy relationships:

"You should reach out more."

"You have to let people in."

"You need to tolerate dependence."

"You should develop friendships."

For an anaclitically organized patient, such interventions may resonate with an already conscious longing for relationship.

For a heavily introjective patient, they can easily be heard as:

"You have failed at another domain of life."

Now relationship difficulty becomes one more performance standard.

The patient may conclude:

Other people succeed socially. I don't.
There is something defective about me.
I should be able to make friends.
Apparently I am even failing at therapy.

The therapist has accidentally recruited the patient's punitive self-evaluative system in the service of attachment treatment.

That is particularly important because self-critical perfectionism itself is associated with difficulties in the therapeutic alliance: expectations of criticism, distrust, difficulty recovering from ruptures, and interpersonal distance can all interfere with treatment.

So treatment that ignores introjective pathology can paradoxically make attachment avoidance **stronger**.

4. Devaluation can be misunderstood if self-definition is ignored

This connects directly with our earlier discussion of Margolies and "projection."

Suppose a dismissive patient devalues another person.

An attachment formulation might say:

Devaluation permits distance. If the other person isn't worth much, I don't have to need him.

That can be correct.

But an introjective formulation adds several possibilities:

Devaluation protects narcissistic hierarchy.

Devaluation maintains a valued image of oneself.

Devaluation prevents identification with attributes the patient regards as inferior.

Idealization and devaluation organize self-worth.

The quality of the other person determines whether recognition from that person has narcissistic value.

Those aren't merely relationship problems. They concern the architecture of **self-esteem and identity**.

Thus saying, essentially, "Devaluing others makes relationships harder" may be true while remaining psychologically superficial.

The analytic question is:

What function does devaluation perform in maintaining this particular self?

5. The therapist may completely misunderstand selectivity

in relationships

A heavily introjective dismissive patient may not necessarily want *more* relationships.

He may want a very particular kind of relationship—one in which the other person can recognize, mirror, challenge, admire, understand, or complement the self without engulfing it.

Blatt-related research finds self-criticism associated with lower interpersonal affiliation and greater interpersonal coldness/distance. Another outpatient study found dysfunctional detachment positively associated with introjective depression, while healthy dependency was negatively related to introjective depression.

That means the therapist has to distinguish:

absence of attachment desire

from

extremely restricted conditions under which attachment feels compatible with self-definition.

Those are very different clinical propositions.

A suggestion such as "chat with somebody over coffee" might therefore miss the issue completely. The patient's difficulty may not be ignorance of the mechanics of social contact. The real question may be:

What psychological qualities must another person possess before that relationship can coexist with your requirements for identity, autonomy, recognition and self-respect?

And then:

Are those requirements adaptive, defensive, perfectionistic, narcissistic, or some mixture of all four?

That is much richer work.

6. The transference can be badly mishandled

This may be the greatest therapeutic cost.

The dismissive patient is likely to recreate the autonomy/relatedness conflict **with the therapist**.

At the same time, the introjective patient may be evaluating:

Is this therapist intelligent enough?

Strong enough?

Independent enough?

Can he recognize me accurately?

Will he reduce me to a category?

Will dependence upon him humiliate me?

Does accepting his interpretation mean surrendering my own judgment?

Is he an admirable person whose mind I can internalize, or an inadequate person whose influence I must resist?

If the therapist sees only attachment avoidance, he might interpret reluctance to rely on him simply as:

"You're afraid of intimacy."

But the actual transference could involve **authority, recognition, narcissistic valuation, intellectual competition, autonomy and epistemic control**.

That distinction matters enormously.

The therapist's task may therefore be not merely to become a safe attachment figure but to help the patient experience:

> *"I can allow another mind to affect me without becoming subordinate to it."*

That is integration of attachment with self-definition.

7. Ignoring introjective organization can produce exactly the wrong kind of alliance

Muller argues that dismissing patients can benefit from therapists who are **noncomplementary**—therapists who value connectedness and activate attachment rather than simply joining the patient's avoidance. He cites preliminary research suggesting better outcomes when dismissing patients work with clinicians who challenge the expected pattern.

But here is where the Blatt perspective supplies an important correction.

Noncomplementarity cannot mean simply pushing harder toward relatedness.

The therapist has to preserve the patient's legitimate need for autonomy while challenging its pathological rigidity.

Otherwise the therapist becomes exactly what the introjective patient fears: another person trying to redefine or control him.

Successful treatment therefore needs a paradoxical stance:

"I take your autonomy seriously enough that I will not try to abolish it; and I take your relational life seriously enough that I will not automatically accept every form of withdrawal as autonomy."

That is considerably subtler than attachment activation alone.

8. The therapist should work on the patient's *meaning of dependency*, not dependency alone

This is where I think the two models can be integrated elegantly.

Muller describes a useful technique: when the dismissing patient becomes symptomatic and experiences it as personal failure, the therapist explores what vulnerability means to the person and links current vulnerability with earlier experiences. He gives the example of exploring what "spinelessness" means against an identity built around strength.

That is already very close to an introjective treatment.

The Blatt-oriented therapist would extend it:

Why must strength exclude need?

Who established the ideal of invulnerability?

What makes dependence contemptible?

Whose judgment is represented by the internal critic?

What achievement or identity compensates for vulnerability?

How does needing recognition coexist with contempt for dependence?

What happens to self-worth when another person becomes important?

What forms of attachment preserve autonomy and which feel like annihilation of self?

That is the structural interface between **dismissive attachment and introjective pathology**.

9. There is also a danger of confusing intellectualization with the whole problem

Muller makes a particularly interesting observation about "brighter, analytic individuals." Without sufficient activation, he says, they can discuss attachment while its underlying affective significance remains closed, resulting in endless circling around difficult subjects without revising representations of self and others.

That is an important warning.

But once again, an introjective perspective adds something.

Intellectualization itself may not merely suppress attachment affect. Intellectual competence may be one of the patient's **principal narcissistic resources**. Thinking may provide autonomy, mastery, self-continuity, superiority over helplessness, and protection from dependence.

Therefore simply saying:

"Stop intellectualizing and feel."

can be experienced almost as:

"Give up one of the central structures by which you know yourself."

Better treatment asks:

What psychological work does thinking perform for you?

and then gradually develops emotional relatedness **without humiliating or dismantling the thinking self**.

That difference could be decisive with a strongly introjective patient.

10. The treatment target therefore becomes integration, not conversion

The deepest therapeutic error would be treating dismissive-introjective organization as though psychological health required transforming the person into his anaclitic opposite.

It doesn't.

The goal is not:

independent → dependent

solitary → highly social

intellectual → emotional

self-defining → relationship-defined

The goal is:

autonomy that can survive attachment;

relatedness that does not require loss of identity;

self-esteem that does not depend upon invulnerability;

high standards without punitive self-criticism;

admiration without idealization;

difference without contempt;

dependence without humiliation;

recognition without complete control over how one is recognized.

That is very close to Blatt's fundamental developmental proposition: mature self-definition permits richer relatedness, and mature relatedness in turn permits further development of the self.

Where this leaves Muller and Margolies

I would distinguish them.

Muller: His explicit theoretical vocabulary is predominantly attachment-oriented, and he does not systematically frame dismissive pathology through Blatt's introjective model. Nevertheless, his paper repeatedly discovers introjective phenomena *inside* dismissive attachment—identity organized around strength, harsh self-criticism, shame at vulnerability, failure, self-directed anger, and the need to integrate strength with weakness. So I would say Muller **underconceptualizes the introjective dimension rather than simply ignoring it**.

Margolies, based on the treatment episodes we've been examining: the concern is potentially more substantial. If a patient's withdrawal, selectivity, insistence on autonomy, attraction to exceptional others, need for recognition, reactions to misrecognition, and difficulties with ordinary relationships are primarily treated as problems in *getting along with people*, then the therapist can miss the self-definitional system that makes those relationships psychologically difficult in the first place.

In one sentence, the therapeutic danger is:

> *"**Treating dismissive attachment without understanding introjective pathology risks trying to increase closeness without understanding what closeness threatens—and therefore risks intensifying the very withdrawal the treatment is supposed to relieve.**"*

That, I think, is the central structural connection you are pointing to.

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